cation of: UNEHIKO OHTA

Docket No. 03500.013527

Examiner: M.E. Wallerson

Art Unit: 2622

JUL 2 2 2003

Date: July 14, 200 Technology Center 2600

Application No.: 09/314,926

Filed: May 20, 1999

For: INFORMATION PROCESSING APPARATUS, DATA PROCESSING METHOD, PRINT DRIVER PROGRAM FORMING METHOD, INFORMATION PROCESSING SYSTEM, AND MEMORY MEDIUM

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
``	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 49	MINUS	** 50	0	x \$9 \$18	0
INDEP. CLAIMS	* 12	MINUS	*** 9	= 3	x \$42 \$84	\$252.00
Fee for Multiple Dependent claims \$140°/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$252.00	

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small enti	ty status is enclosed.	if not filed	previously
 v critica Statement claiming sman citt	by blacab to enteresta	, 11 1100 11100	proviously

X	A check in the amount of \$252.00 is enclosed.			
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.			
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.			
X	A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.			
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.			
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.			
	Respectfully submitted,			
	Attorney for Applicant  Lock See Ju-Tallate  Registration No			
FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200				

Form #120

NY\_MAIN 336812v1